

Kentucky Medical Assistance Program
Institutions for Mental Diseases

Nursing Facilities

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TN # 90-6
Supersedes
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INTRODUCTION

This payment system is designed for the Intermediate Care Facilities for the Mentally Retarded (ICF/MR) which are providing services to Title XIX (Medicaid) recipients and are to be reimbursed under the Kentucky Medical Assistance Program (Program) of the Department for Medicaid Services (Department). Except as specified in this manual supplement, policies and procedures as stated in the Kentucky Medical Assistance Program Intermediate Care/Skilled Nursing Facility Manual (IC/SNF Reimbursement Manual) are applicable to ICF/MR.

The intent of this reimbursement system is to recognize the reasonable costs associated with the services and level of care provided by ICF/MR facilities.

ADJUSTMENT TO PROSPECTIVE RATE

Upon request by a participating facility, an increase in the prospective rate will be considered if the cost increase is attributable to one of the reasons listed in Section 102 of the Intermediate Care/Skilled Nursing Facilities General Policy and Guidelines.

500. INTRODUCTION

This payment system is designed for the publicly operated nursing facilities defined as Institutions for Mental Disease (IMDs) which are providing services to Title XIX (Medicaid) recipients and are to be reimbursed under the Kentucky Medical Assistance Program (Program) of the Department for Medicaid Services (Department). Except as specified in this manual supplement, policies and procedures as stated in the Kentucky Medical Assistance Program Nursing Facility Reimbursement Manual, Part I and III are applicable to IMD facilities. This reimbursement system becomes effective with the rate setting on July 1, 1991.

The reimbursement principles and procedures in effect on July 1, 1990 shall remain in effect through June 30, 1991; except for an adjustment to the routine rate effective October 1, 1990 to take into account those medical supplies which become routine cost items instead of ancillary cost items on that date. The information submission requirements and add-on per diem computation shall be the same as those found in the ICF/MR portion of this manual (Part IV).

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The cost report submission requirements and the rate computation methodology effective July 1, 1991 shall be the same as those for ICF/MR facilities, except that IMD facilities are not entitled to any Cost Incentive Investment Factor.

The intent of this reimbursement system is to recognize the reasonable costs associated with the services and level of care provided by IMD facilities.

The allowable amount of the cost increase will be determined in accordance with the methodology prescribed in Section 102 of the Intermediate Care/Skilled Nursing Facilities General Policy and Guidelines.

OCCUPANCY LIMITATION EXCEPTIONS

If a facility is mandated by a court to reduce the number of beds, the occupancy limitations will not be applied while alternative placement of residents is being attempted in order to comply with the court ruling. During the transition period, as defined by the court, the facility will be allowed a rate adjustment, not more often than monthly, which utilizes the actual facility occupancy.

501. DEFINITION

For purposes of this system, an IMD is a publicly operated nursing facility primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services.

Coverage is limited to individuals age sixty-five (65) and above.

INTERMEDIATE CARE FACILITY/MENTALLY RETARDED
COST INCENTIVE AND INVESTMENT FACTOR SCHEDULE

<u>Basic Per Diem Cost</u>	<u>Investment Factor Per Diem Amount</u>	<u>Incentive Factor Per Diem Amount</u>
\$96.99 and Below	\$1.38	\$.87
\$97.00 - \$102.99	\$1.29	\$.75
\$103.00 - \$108.99	\$1.18	\$.62
\$109.00 - \$114.99	\$1.06	\$.47
\$115.00 - \$120.99	\$.92	\$.31
\$121.00 - \$126.99	\$.76	\$.13
\$127.00 - \$133.49	\$.53	-

COMMONWEALTH OF KENTUCKY
Cabinet for Human Resources
Department for Medicaid Services

KENTUCKY MEDICAL ASSISTANCE PROGRAM
NURSING FACILITY PAYMENT SYSTEM

PART VI
Mental Retardation Specialty

Kentucky Medical Assistance Program
Mental Retardation Specialty

Nursing Facilities

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600. INTRODUCTION

This payment system is designed for nursing facilities with a mental retardation specialty (MRS) which are providing services to Title XIX (Medicaid) recipients which meet Medicare SNF admission criteria and are to be reimbursed under the Kentucky Medical Assistance Program (Program) of the Department for Medicaid Services (Department). Except as specified in this manual supplement, policies and procedures as stated in the Kentucky Medical Assistance Program Nursing Facility Reimbursement Manual, Parts I and III are applicable to nursing facilities with a mental retardation specialty.

The intent of this reimbursement system is to recognize the reasonable costs associated with the services and level of care provided by MRS facilities.